MUSKEGO NURSING HOME

S77-W18690 JANESVILLE ROAD

MUSKEGO 53150 Ownership: Corporation Phone: (262) 679-0246 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Yes Operate in Conjunction with Hospital? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 49 Total Licensed Bed Capacity (12/31/02): 49 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %							
Home Health Care	No	Primary Diagnosis	% Age Groups		%	,	50.0		
Supp. Home Care-Personal Care	No	•		1		1 1 10010	37.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	23.9	More Than 4 Years	13.0		
Day Services	No	Mental Illness (Org./Psy)	37.0	65 - 74	13.0				
Respite Care	No	Mental Illness (Other)	10.9	75 - 84	32.6		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	28.3	* * * * * * * * * * * * * * * * * * *	*****		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	4.3	95 & Over	2.2	Full-Time Equivalent			
Congregate Meals No		Cancer			Nursing Staff per 100 Residents				
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	13.0	65 & Over	76.1				
Transportation	No	Cerebrovascular	8.7			RNs	11.7		
Referral Service	No	Diabetes	4.3	Sex	8	LPNs	10.1		
Other Services	No	Respiratory	2.2			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	19.6	Male	34.8	Aides, & Orderlies	48.4		
Mentally Ill	No			Female	65.2				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

Method of Reimbursement

		edicare itle 18			edicaid			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	41	93.2	120	0	0.0	0	2	100.0	158	0	0.0	0	0	0.0	0	43	93.5
Intermediate				3	6.8	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	6.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		44	100.0		0	0.0		2	100.0		0	0.0		0	0.0		46	100.0

MUSKEGO NURSING HOME

*******	*****	******	*****	*****	*****	*****	*****					
Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of					
Private Home/No Home Health	13.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.0	Bathing	0.0		60.9	39.1	46					
Other Nursing Homes	20.5	Dressing	21.7		39.1	39.1	46					
Acute Care Hospitals	45.5	Transferring	41.3		37.0	21.7	46					
Psych. HospMR/DD Facilities	0.0	Toilet Use	28.3		50.0	21.7	46					
Rehabilitation Hospitals	0.0	Eating	58.7		28.3	13.0	46					
Other Locations	20.5	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	******					
Total Number of Admissions	44	Continence		용	Special Treat	tments	%					
Percent Discharges To:		Indwelling Or Extern	al Catheter	8.7	Receiving 1	Respiratory Care	0.0					
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	60.9	Receiving '	Tracheostomy Care	0.0					
Private Home/With Home Health	7.7	Occ/Freq. Incontinen	t of Bowel	43.5	Receiving :	Suctioning	0.0					
Other Nursing Homes	7.7				Receiving (Ostomy Care	0.0					
Acute Care Hospitals	20.5	Mobility			Receiving '	Tube Feeding	0.0					
Psych. HospMR/DD Facilities	5.1	Physically Restraine	d	0.0	Receiving 1	Mechanically Altered Diet	as 37.0					
Rehabilitation Hospitals	0.0											
Other Locations	0.0	Skin Care			Other Reside	nt Characteristics						
Deaths	59.0	With Pressure Sores		0.0	Have Advance	ce Directives	100.0					
Total Number of Discharges		With Rashes		0.0	Medications							
(Including Deaths)	39	1			Receiving 1	Psychoactive Drugs	78.3					

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Proprietary			er 50	Ski	lled	Al	1		
	Facility	Facility Peer Gr		Peer	Peer Group		Peer Group		lities		
	%	90	Ratio	ଚ	Ratio	olo	Ratio	olo	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	87.8	81.9	1.07	71.9	1.22	84.2	1.04	85.1	1.03		
Current Residents from In-County	50.0	83.1	0.60	77.5	0.65	85.3	0.59	76.6	0.65		
Admissions from In-County, Still Residing	31.8	18.8	1.69	30.6	1.04	21.0	1.51	20.3	1.57		
Admissions/Average Daily Census	102.3	182.0	0.56	106.0	0.97	153.9	0.66	133.4	0.77		
Discharges/Average Daily Census	90.7	180.8	0.50	100.7	0.90	156.0	0.58	135.3	0.67		
Discharges To Private Residence/Average Daily Census	7.0	69.3	0.10	15.9	0.44	56.3	0.12	56.6	0.12		
Residents Receiving Skilled Care	93.5	93.0	1.01	69.5	1.34	91.6	1.02	86.3	1.08		
Residents Aged 65 and Older	76.1	87.1	0.87	90.1	0.84	91.5	0.83	87.7	0.87		
Title 19 (Medicaid) Funded Residents	95.7	66.2	1.44	60.3	1.59	60.8	1.57	67.5	1.42		
Private Pay Funded Residents	4.3	13.9	0.31	37.1	0.12	23.4	0.19	21.0	0.21		
Developmentally Disabled Residents	0.0	1.0	0.00	0.0		0.8	0.00	7.1	0.00		
Mentally Ill Residents	47.8	30.2	1.58	41.1	1.16	32.8	1.46	33.3	1.43		
General Medical Service Residents	19.6	23.4	0.83	19.9	0.98	23.3	0.84	20.5	0.95		
Impaired ADL (Mean)	49.1	51.7	0.95	48.7	1.01	51.0	0.96	49.3	1.00		
Psychological Problems	78.3	52.9	1.48	56.3	1.39	53.9	1.45	54.0	1.45		
Nursing Care Required (Mean)	4.6	7.2	0.64	6.7	0.69	7.2	0.64	7.2	0.64		